The Bulletin of the
Kandang Kerbau Hospital,
Singapore.
Vol, IV—No. 2—October 1965

The general practitioner's role in female genital cancer detection

by

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The importance of cancer

As prophylactic and curative measures have been found for many other diseases *e.g.* tuberculosis, and as more individuals live to the "cancer age", can ceris becoming increasingly relatively more important. It is responsible for a great deal of suffering and a large number of deaths. Indeed, it is the number one killer in Singapore.

The importance of female genital cancer

In the female, the genital tract is one of the commonest sites where cancer may develop. The various parts of the female genital tract are affected by cancer in the following order with decreasing frequency: uterine cervix, ovary, uterine body, vulva, vagina and fallopian tube. Cancer of the cervix is very common, those of the ovary and uterine corpus are not infrequently met with, that of the vulva is seen now and again and primary cancers of the vagina and fallopian tube are rare. Choriocarcinoma, however, is relatively common in this part of the world.

Female genital cancer is important not only because it is one of the commonest but also because carcinoma of the cervix, the commonest of all female genital cancers, is believed by many to be largely preventable. Most cases of carcinoma of cervix, though the actual percentage cannot be accurately ascertained, are preceded by a pre-malignant lesion which is variously known as pre-invasive carcinoma, intra-epithelial carcinoma, carcinoma-in-situ or carcinoma of cervix stage O. It has been shown by Christopherson et al (1962) in Louisville, Kentucky, and Bryans et al (1964) in British Columbia, that adequate detection and treatment of this pre-malignant lesion have led to a significant reduction in the incidence of invasive carcinoma of the cervix. Similarly, the incidence of choriocarcinoma may be reduced by adequate and proper management of hydatidiform mole (Chan, 1965b).

The importance of early detection of female genital cancer

Despite recent advances in treatment, female genital cancer still carries a high mortality (Chan, 1965a) which can, and should, be reduced by early detection and therefore early treatment. It is well known that the earlier the stage of cancer, the higher is the survival rate. The five-year survival rates for Stages 1, 2, 3 and 4 of carcinoma of cervix, for example, are approximately 75, 50, 25 and 7 per cent respectively. On the other hand, it is difficult, if not impossible, to assess the actual value of early diagnosis. But it only stands to reason that, as a general rule, a cancer which is detected early is less likely to have metastasized and that because of this and of its limited local extent, it is more amenable to cure. Carcinomata of the uterine cervix and corpus, vulva and vagina often give rise to symptoms, which, if not ignored, will frequently lead to an early diagnosis. And though carcinomata of ovary and fallopian tube are characteristically silent, early detection is not impossible if the conditions are kept constantly in mind.

The detection and proper management of pre-invasive carcinoma will undoubtedly re-

duce the morbidity and mortality due to an invasive lesion. The morbidity and expense incurred by such preventive measures are more than compensated by the saving of many useful lives and that of even greater expenditure in the treatment of invasive carcinoma.

The importance of the general Practitioner's role in female genital cancer detection

The general practitioner plays an important role in the early detection of female genital cancer. He is almost always the first person from whom advice is sought by a patient who notices some suspicious symptoms. If the significance of such symptoms has not been properly appreciated as they are often ascribed to "menopause", and if the patient has been reassured without any investigation, then an early case of female genital cancer may well have been missed. As he is usually the family doctor of the patient, his advice in regard to investigation, treatment and referral for specialist's attention will be more readily hearkened to. Furthermore, as a friend he can play an important part in the health education of his patients.

Attempts to establish general cancer detection centres have been made in U.S.A., Britain Australia and other parts of the world. Most of them have been found to be impractical because of the expense and the small segment of the population reached. It has been suggested that it is more feasible and practical to make each general practitioner's office a cancer detection unit and to place more of the onus of cancer-consciousness upon all doctors. Nothing spectacular, however, can be achieved until and unless facilities, such as cytological service and specialist's consultation, become readily available.

The general Practitioner's role

First and foremost, the possibility of the presence of a female genital cancer in a patient, however good her general condition may be, should be kept constantly in mind.

Secondly, women should be made aware of the early symptoms of cancer of the genital tract, such as irregualr bleeding per vaginam especially if it is postmenopausal or postcoital. The overanxious and introspective woman must, however, be handled with care, otherwise she may suffer unnecessarily from cancerphobia. Whilst it is believed by some that education in cancer recognition does more harm than good, the reverse must be true in our community where ignorance and superstition are so prevalent. Many of our patients simply do not seek any medical advice until they are extremely ill. And it is so important to emphasize to the lay public as well as to the medical profession that pain is conspicuous by its absence until the cancer has reached an advanced stage.

Thirdly, a detailed and careful history should be taken, paying particular attention on any unusual form of bleeding or discharge per vaginam. The age, parity and the presence of other symptoms and associated conditions such as diabetes mellitus and hypertension must be noted. And whilst vague abdominal discomfort and dyspepsia may be the first symptoms of ovarian carcinoma, it is important to remember that carcinoma of the ovary, carcinoma of the fallopian tube and carcinoma-in-situ of the cervix are characteristically asymptomatic.

Fourthly, a complete physical examination should be performed. The body weight and general condition of the patient must be noted. The legs should be examined for the presence of oedema and the neck, the left supraclavicular region in particular, the axillae and the groins for the presence of lymphadenopathy. The breasts should be palpated for any mass. Indeed, the patient should be instructed to palpate her own breasts for any lump, which, if discovered, should be reported. An abdominal examination should then be done for the presence of any abnormal mass, tenderness or free fluid. A speculum should be inserted, smears for cytological studies taken and the cervix and vaginal wall inspected. A vaginal examination, followed by a rectal one, should then be performed.

Finally, if there is any suspicion or doubt, the patient must be referred for specialist's advice.

Such a programme is certainly not foolproof, but it will certainly lead to the detection of many early cases of female genital cancer, especially that of carcinoma-in-situ of the cervix.

References

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